

Iowa Board of Nursing
400 SW 8th Street, Suite B
Des Moines, IA 50309-4685

License # _____
Reason _____
Office use only

APPLICATION FOR DUPLICATE WALLET CARD OR CERTIFICATE

(TYPE OR PRINT)

☐ Check here if this is a change to name, address or multi-state license privilege

NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip)

PRIMARY STATE OF RESIDENCE: _____

LICENSE NUMBER: _____ **SOCIAL SECURITY NUMBER:** _____

Check all that apply, include the \$20.00 fee per document (*if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Duplicate wallet card | <input type="checkbox"/> Duplicate certificate of licensure |
| <input type="checkbox"/> Duplicate ARNP wallet card | <input type="checkbox"/> Duplicate ARNP certificate |

Reason for request of duplicate wallet card or duplicate certificate:

- | | |
|---|---|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Did not receive the wallet card/certificate
(*within 60 days of issue date NO FEE
REQUIRED) |
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Destroyed |
| <input type="checkbox"/> *Name Change
(*Must submit the incorrect <u>wallet card</u> when requesting a re-issued
document for a name or address change) | <input type="checkbox"/> *Address Change |

NOTE: Notarization is NOT required if you submit the incorrect wallet card.

I affirm the above stated document has not been given to or sold to any person and I am the person to whom it was issued. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification it shall result in Board disciplinary action.

NOTARY PUBLIC

Licensee's signature: _____
(To be signed in presence of a notary)

Notary public's signature: _____ **Commission expires:** _____

Subscribed and sworn to me this _____ **day of** _____, **20** _____.

State of: _____ **County of:** _____.

S E A L